Best Available Copy														
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 Application or Docket Numb 09/59427													ber	
CLAIMS AS FILED - PART I (Column 1) (Column 2)										SMALL!	ENTITY	OR	OTHER SMALL	
FOR			NUMBER FILED			NUMBER EXTRA				RATE	FEE		RATE	FEE
BASIC FEE											345.00	OR		690.00
TOTAL CLAIMS			minus 20=							X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 =			<u> </u>				X39=		OR	X78∞	—
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=	_		
* If the difference in column 1 is less than zero, enter *0* in column 2									•	TOTAL		OR	TOTAL	1.98-
7 - 19 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIN REMAIN AFTE AMENDA	is ing R		PRI	IGHEST IUMBER EVIOUSLY ND FOR		SENT TRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 7		Minus	**	20		0		X\$ 9=		OR	X\$18=	0
	Independent	• 1		euniM	444	3	•	6	ı	X39=		OR	X78=	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130⇒		OR	+260=	0
•										YOTAL LODIT, FEE		OR	YOYAL ADDIT, FEE	0
4-27-06 (Column 1) (Column 2) (Column 3)													ADDIT. FEE	
INT B		CLAIN REMAIN AFTE AMENDA	AS IING :R		PR	IGHEST IUMBER EVIOUSLY ALD FOR		ESENT CTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• 21		Minus	**	90		1		X\$.0=	25	OR	X\$18=	
ME	Independent	• 3		Minus	***	3	=	0		X39=	^	OR	X78;=	
Ľ	FIRST PRESE	NTATION	OF MI	JLTIPLE DE	PEND	ENT CLAIM				+130≈		OR	+260=	
											25	OR	TOTAL ADDIT, FEE	
		(Cotum	ın 11		(C	olumn 2)	(Cot	umn 3)		ADDIT. FEE			AUUII. FEE	
ENT C		CUA REMAIN AFTE AMENDA	AS EING ER		PR	IIGHEST IUMBER EVIOUSLY VAID FOR	1	ESENT CTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	•		Minus	••	•	a			X\$ 9= ·		OR	X\$18=	
ME	Independent	•		Minus	•••		5			X39=		OR	X78=	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR ADDIT. FEE

FORM PTO-475 (Rev. 12/99)

+130=

OR

OR

+260=

TOTAL

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.*

**The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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01 FC:2202 25.00 DA - Extra Dep. Claim